Lifeline Learning

Medical Information

Minor's Info:

Name: _____ Date Completed: _____

Age:_____Birth Date:_____ Sex (circle): Male / Female

Address:_____Phone:_____

City:_____State:_____Zip:_____

Parent email: _____

Student email: _____

Father: _____ Work#:_____Cell #: _____

Mother:_____Work #:_____Cell #: _____

Guardian: _____ Work #: _____ Cell #: _____

In case of an Emergency, and Parent or Guardian cannot be reached, please contact:

Name:_____

Phone:_____Relationship:_____

Medical Info

*Insurance Company: _____

Policy Number: _____ Hospital Preference: _____

✎ We currently do not have insurance.

Family Physician:_____Office Phone: _____

Family Dentist:_____Office Phone: _____

Current Medication(s): _____

List Date of Last Immunization: (or attach copy of shot record)

DPT: _____ MMR:_____Tetanus Only:_____Polio: _____

Check if Minor Has Had: ✎ Chicken Pox ✎ Measles ✎ Mumps ✎ Whooping Cough

I (we) hereby ✎ DO consent / ✎ DO NOT consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

Allergies/Medical Issues

Foods:_____

Medications: _____

Insects/Bites: _____

Special Diet: _____

Previous Serious Illness:_____Date:_____

Other Important Medical Information or Chronic Conditions: _____

_____

**** Please attach a front and back copy of your insurance card to be turned in with this form***